STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345403	A. BUILDING ______ B. WING ______	C 02/27/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARY HEALTH AND REHABILITATION	6590 TRYON ROAD CARY, NC 27518

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews and record reviews, the facility failed to secure the indwelling catheter for 1 of 3 sampled residents with an indwelling catheter (Resident #6). The findings included: Resident #6 was admitted to the facility on 9/12/13, with multiple diagnoses including contractures of left upper/lower and right upper extremities and pressure ulcers. The admission MDS (Minimum Data Set) assessment dated 9/23/13 indicated that Resident #6 was non verbal, had severe cognitive impairment and required extensive assistance with all activities of daily living. Resident #6 was had a stage IV pressure ulcer and an indwelling catheter. Review of the physician ' s order dated 9/12/13, revealed the diagnosis for the catheter was due to stage IV wound. The catheter should be secured to resident. During an observation on 2/26/14 at 9:40AM,	F 315	1. The corrective action taken for the alleged deficient practice was to attach the leg strap to the catheter tubing and apply it to Resident #6's leg. 2. Current residents with indwelling catheters were audited for presence of leg straps with any adjustments or additions made immediately. Future admissions or readmissions will be evaluated upon admission for an indwelling catheter to ensure the catheter's tubing is strapped appropriately. 3. The Nursing staff was educated by the Director of Clinical Services (DCS) or the Assistant Director of Clinical Services (ADCS) on the proper use of Foley Catheter leg straps and placement of the drainage bag. Any new hires in the future will be given the same education during their orientation process. The DCS or her designee will audit residents with catheters for the presence of leg straps daily for 1 month, then once per week for 1 month, then twice monthly for 1 month then once a month for 3 months. Any issues identified will be addressed and corrected as needed.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature], Executive Director/Administrator
TITLE
(X6) DATE: 3/20/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 315	Continued From page 1 Resident #6 was lying in bed with sheets half way covering body in a fully contracted fetal position with both arms and left leg contracted to her chest. There was no leg strap on the resident and the catheter bag was attached to the bed frame at waist level of the resident. During an interview on 2/26/14 at 10:00AM, NA#1 nursing staff was responsible for ensuring the leg strap was placed on resident. The catheter bag had been placed on the bed frame on numerous occasions During an observation on 2/26/14 at 11:00AM, Resident #6 remained in the fetal position the catheter bag remained strapped to the bed frame. There was no leg strap on the resident. During an observation on 2/26/14 at 12:30PM, Resident #6 lying in bed remained in same position. The catheter bag remained strapped to the bed frame and the blood and white sediment continued to thicken. There was no leg strap on the resident. During an interview at 2/26/14 at 12:35PM, Nurse#1 stated that the residents with indwelling catheters should have a leg strap secured to the catheter tubing. She further stated that Resident #6 did not want the strap, but could not provide any information that Resident #6 could verbally state or understand the need for the strap. Nurse#1 also indicated that catheter protocol should be followed on all shifts which included checking the catheter bag to ensure it was secured; Nurse #1 confirmed the leg strap was not secured. During an interview on 2/26/14 at 12:45PM, the	F 315	4. The Executive Director will be responsible for reviewing the results of the monitoring with the DCS. The findings will then be presented and discussed at the monthly Quality Assurance and Performance Improvement Committee Meeting for the duration of the monitoring.	3/19/14

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F 315	Continued From page 2 DON (director of nursing) observed the catheter and confirmed that the catheter bag was not secured to the resident ' s leg and it was secured to the bed frame at waist level. During a follow-up interview on 2/26/14 at 12:55PM, NA#1 indicated that she had not put the catheter strap around Resident #6. During an interview on 2/26/14 at 1:05PM, NA#2 indicated that the catheter strap was not consistently on the resident. During an interview on 2/26/14 at 4:40PM, NA#3 that the strap should be secured to the resident and was not sure why it was not. That information would also be reported to nursing. During an interview on 2/26/14 at 4:45PM, NA#4 indicated that the catheter bag had been observed unsecured to the resident on several occasions. During an interview on 2/26/14 at 5:18PM, Nurse#2 indicated that the expectation was the nursing assistant should ensure the leg strap was in place in accordance to the catheter protocol. During an interview on 2/27/14 at 11:20AM, the administrator indicated the expectation would be that director of nursing monitor the nursing staff and ensure that all medical needs of the resident have been met. This would include ensuring that catheter bags/tubing had been secured.	F 315		
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION	F 318		

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F 318	Continued From page 3	F 318		

Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.

This REQUIREMENT is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to apply splints as ordered by the physician for 1 of 5 sampled residents with contractures (Resident #6). The findings included:

Resident #6 was admitted to the facility on 9/12/13, with multiple diagnoses including contractures of left upper/lower and right upper extremities and pressure ulcers. The admission MDS (Minimum Data Set) assessment dated 9/23/13 indicated that Resident #6 was non verbal, had severe cognitive impairment and required extensive assistance with all activities of daily living.

Review of physician ' s order dated 9/23/13, revealed Resident #6 should have a left hand splint to prevent contracture and to increase use of left hand in activities of daily living performance and functional mobility. Another physician ' s order dated 10/8/13, documented that Resident #6 required a left elbow splint to manage tone and contracture and left knee splint to improve range of motion and tone.

Review of the care plan dated 9/23/13, identified one of the care plan problems was Resident #6

Provider's Plan of Correction (F 318):

1. The corrective action taken for the alleged deficient practice was to clarify with therapy and the attending physician the orders for the splints for Resident #6. The Splints were applied to Resident #6 per therapy's recommendation and the physician's order.
2. Current residents were audited for splint orders and inspected to ensure they were applied as ordered. As well, orders were audited for clarity and details of splint recommendations. Future admissions or readmissions will be evaluated upon admission to determine if any type of splinting is ordered and if so, applied properly.

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F 318	Continued From page 4 was admitted with contractures of left upper and lower and right upper extremities. The goal was that Resident #6 would maintain current range of motion to all joints as evidence by no further contracture. The approaches included the application of the splint/brace per order. Review of the safe transition goal/functional maintenance plan dated 10/23/13, revealed Resident #6 was to wear the left elbow splint for 30-45 minutes, left hand resting splint for 1 hour to prevent further contractures, and left knee splint for 3 consecutive hours, however shift application was not indicated. Additional instructions included to provide range of motion to loosen up muscles of left leg before having Resident #6 wear the splint. Apply left leg splint while Resident #6 was in bed then stand pivot resident from bed to wheelchair. Review of the nurse tech information kardex undated, read in part: indicated while Resident#6 was in bed provide range of motion. After the provision of range of motion apply the left splint on left knee and then stand and pivot the resident to the wheelchair. During an observation on 2/26/14 at 9:40AM, Resident #6 was lying in bed in a fully contracted fetal position with both arms and left leg contracted to her chest. There were no splints in place During an interview on 2/26/14 at 10:00AM, NA#1 indicated that Resident #6 had worn splints on her arms/legs in the past when in bed. NA#1 added that the splints had not been around for awhile and was not sure when they should be worn.	F 318	3. The Nursing staff was educated by Director of Clinical Services (DCS) and Assistant Director of Clinical Services (ADCS) on splint application and corresponding documentation. Splint orders were added to Caretracker for nursing assistants to document compliance with orders. When new staff members are hired in the future, they will be educated to this process during their orientation to the facility and/or their respective nursing department position. The DCS or her designee will audit 10 residents with orders for splints to see that the splint is applied correctly and utilized for the proper time. This monitoring will be done daily for 1 month, then once per week for 1 month, then twice monthly for 1 month and then once a month for 3 months. Any issues identified will be addressed and corrected as needed. 4. The Executive Director will be responsible for reviewing the results of the monitoring with the DCS. The findings will then be presented and discussed at the monthly Quality Assurance and Performance Improvement Committee Meeting for the duration of the monitoring.	3/19/14

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F 318	Continued From page 5 During an observation on 2/26/14 at 11:00AM, Resident #6 was in the fetal position without splints. During an observation on 2/26/14 at 12:30PM, Resident #6 lying in bed in same position without splints. During an interview at 2/26/14 at 12:35PM, Nurse #1 confirmed that Resident #6 did not have the splints. During an interview on 2/26/14 at 12:45PM, the DON (director of nursing) indicated that staff should apply resident splints as ordered by physician and recommended by therapy. She added after review of the record there should have been some clarity of the frequency for the use of the splints. DON observed Resident #6 in bed and confirmed that there were no splints in place. During a follow-up interview on 2/26/14 at 12:55PM, NA#1 confirmed that Resident #6 did not have splints on. During an interview on 2/26/14 at 1:05PM, NA#2 indicated that Resident #6 supposed to wear the splints but was uncertain how long Resident #6 should wear them throughout the day because they had not been available for sometime.NA#2 was not able to give a time frame in which the splints were missing. During an interview on 2/26/14 at 1:37PM, the rehabilitation manager indicated that Resident #6 was admitted with contractures and required to wear a left hand/elbow splint and left leg splint to	F 318		

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F 318	Continued From page 6 prevent further contracture. The Rehabilitation manager indicated the staff was expected to apply the splint as ordered by physician. The rehabilitation manager added that nursing staff had been educated on the application of the splints and she was unaware that they were not being applied. During an interview on 2/26/14 at 4:40PM, NA#3 indicated being unaware of Resident #6 wearing splints During an interview on 2/26/14 at 4:45PM, NA#4 indicated being unaware of Resident #6 wearing splints since they had not been seen. NA#4 did not indicate how long the splint was missing. During an interview on 2/26/14 at 5:18PM, Nurse #2 stated physical therapy applied the splints on during the day and was uncertain how long they should be worn. During an interview on 2/27/14 at 11:20AM, the administrator indicated the expectation would be that the director of nursing monitor the nursing staff and ensure that all medical needs of the resident have been met. This would include ensuring that resident preventative devices (splints) were applied according to physician orders.	F 318		